UNITED:	UNITED STATES HOUSE OF REPRESENTATIVES	FORM B	
FINANCIA	FINANCIAL DISCLOSURE STATEMENT	For New Members, Candidates, and New Employees	FEGSTVENE :::
Name:	Name: Trey Hollingsworth	Daytime Telephone: 202-225-5315	2017 M.S.Y -4
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	2	Check if	
	X U.S. House of Representatives District: 09 Candidates – Date of Election:	Check if Amendment	MC (Office Use On
STATUS	New Officer or Employee Employing Office:	Period Covered: January 1, 2015 to December 31, 2016	A \$200 penaity shall be assess individual who files more than
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		THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE DECUMED TO SOME! ETF		
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Yes No x	ın \$5,000 from a single s?	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	Yes No X J.	D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?
Yes No x	e agreements or arrangements with porting period or in the current date of filing?	F. Did you have any reportable agreements or arrangements an outside entity during the reporting period or in the current calendar year up through the date of filing?	Yes X No F.	C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?
Yes X No	positions during the reporting period up through the date of filing?	E. Did you hold any reportable positions during the reporting or in the current calendar year up through the date of filing?	Yes X No E.	A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Make more than \$200 in unearned income from any reportable asset during the reporting period?
		ONS	<u>개</u> OF THESE QUESTI	PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS
A \$200 penaity shall be assessed against any individual who files more than 30 days late.	A \$200 penaity shall individual who files	Period Covered: January 1, 2015 to December 31, 2016		New Officer or Employee Employing Office:
ce Use Only)	ML (Office Use Only)	Check if Amendment	09	New Member of or Candidate for State: X U.S. House of Representatives District: Candidates – Date of Election:
2017 MAY -4 PM 4:59	2017 M	ne: 202-225-5315	Daytime Telephone: 202-225-5315	Name: Trey Hollingsworth

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

No X	EXEMPTION — Have you excluded from this report any other assets, "uneamed" income, transactions, or liabilities of a spouse or dependent child because they meet all three Yes tests for exemption? Do not answer 'yes' unless you have first consulted with the Committee on Ethics.
No x	TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from Yes

SCHEDULE A - ASSETS & "UNEARNED INCOME" Name: Trey Hollingsworth Page 2 of 10

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¥	동	₹ 6		Pen		CTI	T	iner and string and st	401(t) plans provide the value for each asset held the account that exceeds the reporting thresholds.	Provide complete names of stocks and mutual funds (do not use only ticker symbols).	identify (a) each asset held for investment or production of income and with a fair market value accessing \$1,000 at the end of the reporting period and (b) any other reportable asset or source of income which generated more than \$200 in truesamed income during the year.	ě
Vanguard 529 Savings Account (See Below)	Vanguard Prime Money Market Fund	Vanguard Prime Money Market Fund	Personal Bank Account (BB&T)	Personal Bank Account (Suntrust)		Examples:		rest-bearing account of the complete and \$1,000 in infere at complete acts complete ac	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	omple a only	(a) each asset held to n of income and with a f g \$1,000 at the end of the any other reportable ass which generated more of income during the year.	BLOCK A Assets and/or income Sources
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Trey Hollingsworth

Page 3 of 10

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Trey Hollingsworth

Page 4 of 10

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Assets and/				HGI, LLC (Fina (See Below)	- Certificates of Group Limited)	HCP - Alexin, I (Bluffton, IN)	HCP - LA, LLC (Financi Holding Co) (See Below)	- Cash (Atlantic Capital Bank)										
Assets and/or Income Sources			ASSET NAME	HGI, LLC (Financial Asset Holding Co) (See Below)	Deposit (Macquarie	HCP - Alexin, LLC (Aluminum Business (Bluffton, IN)	HCP - LA, LLC (Financial Asset Holding Co) (See Below)	: Capital Bank)										
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name:

Page 6 of 10

SCHEDULE C - EARNED INCOME

Name: Trey Hollingsworth Page 7 of 10

List the source, type, and amount of eamed income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse eamed income exceeding \$1,000. See examples below.

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2014 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$26,955. The 2015 limit is \$27,225. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

8	inch (include date of receipt for honorage)	Type		Amount
90	Source (include date of receipt for hollocalla)) jpa	Current Year to Filing	Preceding Year
	ABC Trade Association, Beltimore, MD (July 15)	Honorarium	\$0	\$500
Fxamples:	State of Marykend	Selary	\$20,000	\$78,000
	Civil War Roundtable (Oct. 2) Ontario County Board of Education	Spouse Salary	N/A	NA
Hollingsworth G. P., Two C	Hollingsworth G. P., Two Centre Plaza, Clinton, TN 37716 (Real estate			
(No ownership interest) (Employment	development and business operations) (No ownership interest) (Employment ended December 31, 2016)	Salary	\$32,154.72	\$34,655.40
P&F Inc (2015 - 2016), 280	P&F Inc (2015 - 2016), 280 West Coleman Blvd, Mount Pleasant, SC 29464	Spouse Salary	N/A	N/A
Circe LLC (2015 - 2016), 36	Circe LLC (2015 - 2016), 3642 Brownsbaro Rd, #101, Louisville, KY 40207	Spouse Salary	N/A	N/A

SCHEDULE D - LIABILITIES

Name: Trey Hollingsworth Page 8 of 10

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

Γ					26. 71. 88.		
	i		None	Example			
				First Bank of Wilmington, DE	Creditor		
				5/98	Date Liability Incurred MO/YR		
				Mortgage on Rental Property, Dover, DE	Type of Liability		
					\$10,001- \$15,000	>	
-					\$15,001- \$50,000	5 0	
					\$50,001- \$100,000	c	
				×	\$100,001- \$250,000	0	
					\$250,001- \$500,000	m,	moun
					\$500,001- \$1,000,000	71	Amount of Liability
					\$1,000,001- \$5,000,000	ຄ	ability
					\$5,000,001- \$25,000,000	±	
					\$25,000,001- \$50,000,000	-	
					Over \$50,000,000		
					Over \$1,000,000* (Spouse/DC Liability)	*	

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fratemal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

Position	Name of Organization
Managing Member (Unsularied)	HCF and HGI Entitles

Name: Trey Hollingsworth Page 9 of 10

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. SCHEDULE F - AGREEMENTS Date None Parties to Agreement Terms of Agreement

SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

	Source (Name and City/State)	Brief Description of Duties
Example:	Doe Jones & Smith, Hometown, Homestate	Accounting Services
None		
,		

FILER NOTES (Optional)

Name: Trey Hollingsworth Page 10 of 10